PRESIDENTS WEEK PLAY DAYS FEBRUARY 21-24, 2012

Sign up deadline: Monday, February 13

Open to all students Grades K-8!

Elementary Afterschool: This week, as per the students' request, the play day projects will be their all time favorite afterschool activities! Requests so far include zipline rockets, glue gun projects, baseball games on the field, and exciting cooking adventures. Our grand finale on Friday will be a kid-run farmers market with lots of homemade goodies. Along with the main activities each day, there will be games, sports and opportunities for supervised free play in our living room space and outside. Projects and activities are introduced to the children at our group circles (morning circle is at 9 a.m.).

Middle School: Calling all dancers, producers, and directors! On Tuesday and Wednesday come hang out in MSAS and make your own music video. We need dancers, directors, and film editors, which means MSAS needs YOU! We will have access to video cameras, computers, stereo equipment, and everything you need to create a pop music video sensation. On Thursday come ready to roll up your sleeves and learn how to make lip balm and kettle corn from scratch. On Friday these homemade goods will be sold at our first student run Farmer's Market and Fair of the school year! In addition, a special screening of the student made music videos will take place during Friday's market and fair in the gym.

PLAYDAY SAFETY GUIDELINES: When you arrive please sign your child in at the Sign In/Out table located inside the Afterschool room. Please sign your child out on this same form, and make contact with an Afterschool teacher before leaving with your child. iPods and other electronic toys should not be brought to play days. Please help us by observing this policy for all play days.

Please call (510) 970-7580 ext. 219 if your child will not be attending a day for which he/she is registered

PLEASE NOTE: Monday, February 20: President's Day, the school will be closed. **No childcare available.**

PLAY DAY FEES: Drop-in Fee $80/day

SIGN UP DEADLINE: Please mail lower portion of form with a check for the full amount and the completed emergency form to the Front Office by Monday, February 13. Windrush School 1800 Elm Street El Cerrito, CA 94530

CANCELLATION POLICY: The fee for Presidents Week Play Days must be paid in full before the session begins and there will be no refunds for late arrivals, early withdrawals, or play day dismissal due to misconduct.

CHILD'S NAME: _____

GRADE: _____ GENDER: _____ BIRTHDAY: _____/_____/_____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

I have read, understand and agree to the terms and conditions of the cancellation policy above.

Sign: _____ Date: _____

My child will attend the following play days:

FULL PAYMENT DUE WITH REGISTRATION

	TUESDAY 2/21	WEDNESDAY 2/22	THURSDAY 2/23	FRIDAY 2/24
Please ✔ boxes	**EXTENDED** 7-6 ($80) ☐	**EXTENDED** 7-6 ($80) ☐	**EXTENDED** 7-6 ($80) ☐	**EXTENDED** 7-6 ($80) ☐

FULL PAYMENT DUE WITH REGISTRATION CHECK # AMOUNT: $

- **please call (510)970-7580 ext. 219 if your child will not be attending a day for which he/she is registered**

WINDRUSH SCHOOL

PLAY DAYS EMERGENCY FORM

1800 Elm Street • El Cerrito, CA 94530 • 510-970-7580

STUDENT EMERGENCY INFORMATION
Play Days 2012

Student Name

Parents/ Guardians Name

Home Phone

Street

cell phone

State

City

Zip

Parent/Guardian Name

Cell Phone

Location of Work

Work Phone

Parent/Guardian Name

Cell Phone

Location of Work

Work Phone

Name(s) of person(s) authorized to take child from WINDRUSH PLAY DAYS PROGRAM:

We must have the name of at least one person other than a parent/guardian.

Name	Address	Phone Number

Over

CONSENT FOR MEDICAL, SURGICAL OR DENTAL EXAMINATION/TREATMENT
PLAY DAYS 2012

Special Medical Information (allergies, etc.):

_____

_____

_____

_____

Storage of medications for prolonged conditions is available at the Play Days Program. It is the parent/guardian's responsibility to see that such medication is stored and kept current. I am sending the following medications (give directions and dosages):

_____

_____

_____

_____

PHYSICIAN:_____

ADDRESS:_____

PHONE #:_____

KAISER #:_____OR INS. NAME & #: _____

I give my permission for my for my son/daughter,_____while enrolled or visiting Windrush Play Days Program, to receive whatever medical care deemed necessary by a physician or dentist in the case of an emergency during my absence.

_____ _____

Date Parent/Guardian Signature